

# RETIREE REPORT



## Serving the Retired Military Community

Fall / November 2004

### Retiree Appreciation Day Activities Very Successful



The 375th Airlift Wing hosted the 19th Annual Retiree Appreciation Day on 18 September 2004 at the Scott Club. The 375<sup>th</sup> Airlift Wing Commander (Col. Barbara Faulkenberry) began opening remarks at 7:30 a.m. She announced that Major Leroy Steinke USAF (Retired) is Volunteer of the Year.

The event answered many questions and met the needs of all retirees. Out of the over 400 attendees, 43 got their teeth check ups and cleanings. Additionally, transportation was provided by a Base bus to building P-10 for ID cards and to update DEERS records. The Base bus also stopped at building 509 for those that needed DoD auto stickers. . The staff at each booth provided information and services. Many staff members of organizations gave up their day off to provide for the needs of the military retired community. A few of these organizations were: DFAS, Survivor Benefit Program, ITT (Travel and Tickets),

TROA, TREA, IRS, Illinois Department of Revenue, Base Exchange, Commissary, Family Support, AARP, AMVETS, Estate Planning, AF Sergeants Association, American Red Cross, Public Health, Dental, Lifeskills, MTF Pharmacy, Family Practice, Occupational Therapy, Physical Therapy, Immunizations (no flu shots), Family Advocacy, Substance Abuse, Nutritional Medicine, TRICARE, Health and Wellness Center, and many more.

The Keynote speaker was Colonel Michael Jordan, USAF, (Retired), from the Military Officers Association of America. He discussed SBP (Widow's Tax), TRICARE Prime, TRICARE for Life benefits, and Veterans benefits. Other short but informative briefings were given by AAFES, Commissary, Legal Office, Veterans Administration, The Illinois Area Agency on Aging, TRICARE Prime and TRICARE for Life, HIPAA, and Pharmacy on benefits.

The 375th Airlift Wing announced the next Retiree Appreciation Day program would be at the Scott Club on 10 Sep 05.

*(Source Col. Robert W. Barrier, 375 Airlift Vice Commander, the Active Duty Retiree Coordinator)*

## **Rantoul Retiree Program**

The Rantoul Retiree monthly meetings are on the 2nd Saturday of each month at the Gordyville Restaurant on Route 136 East of Rantoul. Breakfast is available. The meeting starts at 0830. Join other military retirees and spouses to learn the latest news about retiree programs and to answer any question you have. Anyone interested may call me at 217-893-1723 or e-mail me at [geneandjune@aol.com](mailto:geneandjune@aol.com).

*(Source MSgt. Gene Ryan, USAF (Retired) Director)*

## **The O'Hare/Arlington Heights Retiree Activities Office**

A Satellite Office of Scott AFB, IL, this office continues to serve retirees, annuitants and their dependents from all branches of service from the Arlington Heights [IL] U.S. Army Reserve Center. The host organization at this location is Headquarters, 85th Division (TS). Volunteer retirees and a surviving spouse staff the office from 0900 to 1500 hours, Monday through Friday. Our mailing address and other contact information for the office follows: HQ, 85th DIVISION [TS] ATTN: RETIREE OFFICE 1515 W. CENTRAL ROAD, BLDG 203, SUITE 105 ARLINGTON HEIGHTS, IL 60005-2475 Telephone 847-506-7625 Fax 847-506-2170 E-mail: [ohare\\_arlingtonrao@netzero.com](mailto:ohare_arlingtonrao@netzero.com) [NOTE: change of email address] The G-1 Section of the 85th Division (TS) provides ID Card services in Room 203, Building 203, from 0900 to 1600 Hours, Monday through Friday. Please call 847-506-7616 to make an appointment for this service to retirees, their dependents and annuitants. Documents that may be needed for the ID card service include a previously issued military identification card, retirement orders, marriage or divorce documentation, death certificates where applicable, etc. You are advised to discuss the required documentation when calling for your appointment. Vehicle registration decals are available from the G-2 office, Room 304, Building 203. Call 847-506-2134 for an appointment as well as to find out the required documents to bring, such as state registration and proof of insurance. Your vehicle identification number (VIN) and state license number should be shown in these documents. Building 203 has an elevator and all locations in this building are accessible to the handicapped. Parking spaces are reserved for these individuals. A toll-free number is available for those who would incur a toll charge when calling any of the numbers provided in this letter. Call 1-800-741-4650, then use the last four digits of the number as the extension, after the prompt. This building has a card-type security system, and the extension numbers are to be used from the yellow telephone outside the entrance to gain access to the building. During elevated threat conditions, a military ID must be shown to gain access to the Reserve Center. If you are coming for an ID Card, an escort from the gate may be necessary. A strip map of the area is available from the retiree office.

*(Source SMS Frank Krus, USAF, (Retired) Director)*

## **Jefferson Barracks Satellite Retiree Activities Office**

The office is located in Building 28, Sherman Road, St Louis MO 63125. This is the home of the 218th Engineering Installation Squadron. Office hours are Tuesday and Thursday from 0900 to 1400, except 2nd and 4th Thursday hours will be 0900 to 1100 to permit volunteers to attend the Scott RAO meetings and the monthly luncheons. Our telephone number with voice mail is 314-527-8212 or DSN 824-8212. The FAX number is 314-527-8206 or DSN 824-8206. Information and assistance is available in Jefferson County in Festus at 636-931-5090, evenings or weekends. Or stop

by 509 West Main in Festus.

*(Source CMSGT Gerald B. Hansen, USAF, (Retired), Director, JBSRAO)*

## **Scott AFB Retiree Activities Office**

The Scott AFB Retiree Activities Office (RAO) is open Monday through Friday from 0900 to 1500 except Wednesday from 0900 to 1200. The quarterly Retiree Report Newsletter is mailed to just under 22,000 addresses. If you know of a friend who should be receiving the newsletter, call 618-256-5092 to discuss how to get them on the mailing list. "Breaking News" is an effort to keep the Retiree informed by sending new information via e-mail to those that have provided their e-mail address. There are two web pages associated with this RAO

<http://homepages.apci.net/~retiree> and <http://public.scott.amc.af.mil/review/Retirement/>

The Retired military community thanks Col Barbara Faulkenberry, Commander, 375<sup>th</sup> Airlift Wing and Wing personnel for providing an outstanding Retiree Appreciation Day. The Wing organizing committee was staffed by Capt Julia Breeden (representing Col Barbara Faulkenberry, Commander, 375<sup>th</sup> Airlift Wing), SMSgt Simeon William (representing Col Lawrence Riddles, Commander, 375<sup>th</sup> Military Treatment Facility), and SSgt Helena Blakney (representing Col Thomas Grace, Commander, 375<sup>th</sup> Dental Squadron). The comments made by Retirees were the room space was correct for the number of people, the volunteers staffing the booths knew the answers to their question, appreciation for dental checks and teeth cleaning, and the convenience of base transportation to building P-10 to obtain ID cards and update their DEERS information plus a stop at building 509 to obtain a DoD sticker for their car. A special thanks goes to all that gave up their day off to provide information to the Military Retired Community.

*(Source Major Wayne McCollom, USAF, Retired)*

## **131<sup>st</sup> Fighter Wing RAO News**

Currently the 131<sup>st</sup> Fighter Wing RAO is located in Building 131, Room 217A, telephone number 314-527-6327. The Director, Lt. Col. John J. Harty, USAF (Ret) suggests he be contacted at his home at any time at 314-739-8880. All calls will be returned as soon as possible. Please leave a message, if Lt. Col. Harty, is not at home. Lt. Col. Harty is normally at the base office on Mondays and Wednesdays from 9:30 a.m. until 11:30 a.m.

Region 5, Missouri National Guard Association Retiree Dinners will continue to be held on a quarterly basis at the Wing Community Center. The date for the remaining dinner in calendar year 2004 is Monday Dec 6.

ID card renewal and vehicle registration may be accomplished at the 131<sup>st</sup> Fighter Wing. For ID card renewals, Customer Service is located in Building 131, Room 246B. The duty hours are Monday, Wednesday, and Friday from 0700 - 1100 and 1200 - 1500; telephone 314-527-6393. Vehicle registration may be accomplished at the Air Police office at the north (flight line) gate.

The TRICARE office has been relocated from Northwest Plaza to the Bank of America Building in West Port Plaza. The Office is located is at 2200 West Port Plaza Drive in Suite 323 of the Bank of America Building. Hours are 8:30 a.m. to 12:30 p.m. on Monday, Wednesday, and Friday and 12:30 p.m. to 4:30 p.m. on Tuesday and Thursday.

*(Source Lt. Col. Harty, USAF, (Retired), Director RAO, 131<sup>st</sup> Fighter Wing)*

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## **DFAS and Paper Records**

Defense Finance and Accounting Service (DFAS) sent postcards to military retirees regarding their tax and pay records. Some retirees in the office had received cards and some had not. The Scott AFB Retiree Activities Office telephoned DFAS to determine who had received these postcards. The telephone call revealed the postcards went to military retirees with computers and "PIN" numbers that enable them to access their records at DFAS. The postcards read as if all retirees received them rather than being limited to the group with computers.

If you did not receive a postcard, no action is needed on your part. If you did receive a postcard and you want DFAS to mail the paper copies of your tax form 1099R and your Annual Retiree Account Statement, then you need to contact DFAS. To request a paper copy you may use your computer with your "PIN" number or you may telephone 1-800-321-1080 between 7 a.m. and 7:30 p.m. Eastern time.

DFAS also accepts a retiree's e-mail address. The e-mail address will be used to keep retirees apprised of future events and capabilities, such as e-mail notification of pay changes and other items of interest.

*(Source Scott AFB Retiree Activities Office)*

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## **"Wings of Hope" Needs Your Help**

"Wings of Hope", founded in 1962, is today the largest international volunteer "Charity in the Midwest."

"Our mission is to save lives, improve the quality of life and bring hope to people around the world where the utilization of aviation is vital to the accomplishment of these human endeavors." At our hangar in Spirit of St. Louis Airport, Chesterfield, MO, with a fine cadre of volunteers, we refurbish aircraft to serve this mission. If you have aircraft Mechanical or Electrical experience, or especially, if you are an A&P certificated mechanic or if you're a pilot, we need your HELP, as we expand our operations. To join this team of dedicated volunteers, please call us at 636-537-1302 or 800-448-9487 or you may e-mail us at [woh206@earthlink.net](mailto:woh206@earthlink.net). You may want to view our web site at [www.wings-of-hope.org](http://www.wings-of-hope.org). Check us out.

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## **Working Families Tax Act Passed**

A tax package that won approval in Congress last week will help troops in combat. The Working Families Tax Relief Act will allow service members who are trying to qualify for tax credits to include as income any tax-exempt combat zone military pay and bonuses. Several service members deployed to combat zones have seen their tax credits reduced because their combat zone tax exclusions have placed them below the federal income tax level needed to qualify for these tax credits: the Earned Income Tax Credit -- worth \$4,200 or more to someone with two or more children -- or the Child Care Tax Credit -- worth up to \$1,000. According to the Government Accountability Office, roughly 10 percent of enlisted members were being affected.

*(Source Military.com)*

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# **Air Force Dedicates Its Memorial 13 Years Later**

by Tech. Sgt. David A. Jablonski Air Force Print News

Soaring 270 feet into the sky over America's capital, three stainless-steel spires forming an equilateral triangle will memorialize the U.S. Air Force.

The groundbreaking ceremony and site dedication for the Air Force Memorial was Sept. 15, in Arlington, VA. The ceremony included speeches by Chief Master Sgt. of the Air Force Gerald R. Murray, Air Force Chief of Staff Gen. John P. Jumper, Secretary of the Air Force Dr. James G. Roche, Chairman of the Air Force Memorial Foundation Ross Perot Jr., Virginia Congressmen James P. Moran and Senator Ted Stevens from Alaska.

Dozens of air power legends attended the ceremony, some who served shoulder-to-shoulder with the founding fathers of the Army Air Corps. The ceremony ended three days of events surrounding the Air Force Association's 2004 Air and Space Conference and Technology Exposition.

General Jumper explained the significance of the memorial's site.

"That first (test) flight demonstrated (to the Army) by the Wright Brothers took off right over there on the ridge at Fort Myer, and they flew around a pylon ... and returned," General Jumper said, gesturing to the Army installation a few hundred feet to his right. "It was a demonstration of the most meager capability, but it turned into what we have today that we're most proud of, as we went higher, faster and farther through the decades that have intervened," he said.

Senator Stevens wrote the legislation that began the Air Force Memorial process 13 years ago. The Air Force is the only service without a memorial in the capital.

"At the request of the Air Force Association, I authored the original legislation to begin this memorial," the senator said. "But I'm sure they had no idea that we'd be standing here some 13 years later. It's been a long process, but we never doubted we'd achieve this goal." The memorial site lies in a parking lot of the current Navy Annex Federal Office Building south of the Pentagon and next to Arlington National Cemetery. From this point, people can look over the top of the Pentagon and across the Potomac River to see the national capital.

The Air Force Memorial design will capitalize on this vantage point. The array of arcs against the sky will evoke a modern image of flight by jet and space vehicles. At the same time, it will enshrine the past in permanent remembrance of the pioneers of flight who came before and pay homage to those of the future. The three spires will represent the core values: integrity first, service before self and excellence in all we do. The spires will be asymmetrical and of uneven height so that the view of the memorial changes from every angle. Each spire will be illuminated.

## **WHEN MY SHIP COMES IN**

Most of you that are reading this have heard the saying "When my ship comes in I'll do such and such". Well maybe your ship has come in. How do you find out? If you have a computer or access to one you can go to [www.cashdash.net](http://www.cashdash.net) and search for your name. This web site is for the State of Illinois Treasurer's Office. Currently I don't have web sites for other states but I will be looking. If you know of any, please let us know. This site also lists lost, matured and not cashed savings bonds and other unclaimed properties.

Every year business and government sends millions of dollars to the State Treasurers. It is wealth that people have forgotten about in a bank account, lost or never knew that they had. The Treasurer's job is to get it back to the rightful owners. So navigate the site, hopefully find your property, and make your claim. If you don't find your name maybe you



can find the name of a relative or friend and inform them about it. There are claim forms on the site that can be downloaded to use to make your claim.

My wife's nephew, who lives in Texas, had found this site; he keyed in his last name and found that his grand mother, my wife's mother, was listed saying that she had between 10 and 100 dollars to claim. After he called us I looked and found that my sister- in law had two entries and one of her cousins had one. Try it you may like it.

*(SMS Robert L. (Bob) Parker, Retired)*

## **DFAS Updates**

### **Combat-Related Special Compensation Status for Military Retirees**

As of Sept. 23, 2004, the Defense Finance and Accounting Service has paid \$53 million in retroactive Combat-Related Special Compensation (CRSC) payments which include dependency and/or Individual Unemployability. While these payments represent the majority of approved claims submitted to DFAS, cases involving the following considerations require manual intervention and additional time to complete due to their complexity:

- Court-order garnishments
- Deductions for former spouses
- Disabled retirees whose pay is computed using the percentage of disability instead of years of service
- Multiple changes in the awarded disability since the inception of CRSC
- Cases involving manual intervention and additional complexity are being worked as quickly as possible while ensuring accurate payments. For retirees whose retroactive dependency and/or Individual Unemployability payments were delayed for one or more of the above reasons, DFAS will complete the retroactive payment no later than Oct. 30, 2004. The issuance of the one-time retroactive payment in no way affects continuing monthly entitlements to CRSC, which are paid on the first business day of each month.

### **Special Monthly Compensation (SMC) Update**

Eligible retirees should begin receiving the recurring monthly increased CRSC amount with their September payment, which is normally received on or about Oct. 1, 2004 for Direct Deposit payments or Oct. 11, 2004 for hard-copy checks.

Eligible retirees should receive retroactive SMC payment in mid-October 2004. Check recipients can expect mailed checks to arrive by Oct. 30, 2004.

### **About DFAS**

The Defense Finance and Accounting Service is the world's largest finance and accounting operation. It provides responsive, professional finance and accounting services to the men and women who defend America. In Fiscal Year 2003, DFAS paid about 5.9 million people, processed more than 12.3 million invoices from defense contractors, disbursed more than \$416 billion and managed more than \$194 billion in military trust funds. For more about DFAS visit <http://www.dfas.mil>.

Related Links:

MyPay (<https://mypay.dfas.mil>)

Retired and Annuitant Pay Information (<http://www.dfas.mil/money/retired/>)

## **HHS Announces Medicare Premium for 2005**

The Department of Health and Human Services (HHS) has announced the Medicare premium to be paid by Medicare beneficiaries in 2005. The new premium reflect general growth in health care costs, higher payments to physicians and Medicare Advantage coordinated care health plans under the Medicare Modernization Act (MMA), and building trust fund reserves. HHS officials reported that under the MMA, Medicare enrollees are benefiting from improved access to physician services, new preventive and health screening benefits, more Medicare Advantage plan choices, and better benefits and/or lower out-of-pocket costs in many Medicare Advantage plans.

The monthly premium paid by beneficiaries enrolled in Medicare Part B, which covers physician services, outpatient hospital services, certain home health services, durable medical equipment and other items, will be \$78.20, an increase of \$11.60 over the \$66.60 premium in 2004. Medicare deductibles and premiums are updated annually in accordance with formulas set by law. By law, the federal government picks up about 75 percent of the cost of Part B benefits and the Part B premium covers the remaining 25 percent. About three-fourths of the 2005 increase is due to additional costs for Part B, and almost one-fourth for building reserves.

The principal contributing factor to the increased cost of Medicare Part B benefits, accounting for about four-fifths of the higher benefit costs, is higher payments in Medicare's traditional plan. Most importantly, the recent Medicare law prevented physician payments from falling significantly. In 2005, payment rates for physicians will increase by 1.5 percent, preventing a 4.5 percent reduction that could have threatened access to high-quality physician services.

Another contributing factor to higher benefit costs is improvement in the Medicare Advantage program under the MMA. As a result, many beneficiaries enrolled in Medicare Advantage health plans are expected to receive additional benefits including prescription drugs, more preventive care, and even dental and vision care, as well as lower co-payments that enable them to reduce their out of pocket costs.

On average, the premium changes related to Medicare Advantage are more than offset by reductions in out-of-pocket payments for Medicare Advantage enrollees, officials said.

A third contributing factor is increasing the reserves held in the Part B account of the Medicare Supplementary Medical Insurance Trust Fund toward a more adequate level.

Two other MMA changes will help lower beneficiaries' out-of-pocket costs in 2005. First, the new Medicare law provides additional savings for Medicare beneficiaries by paying more appropriately for Medicare covered drugs and the administration of those covered drugs.

Second, the new preventive benefits in Medicare will help beneficiaries cover the cost of screening tests for heart disease and diabetes, and will provide a "Welcome to Medicare" exam (including coverage for associated services) for beneficiaries entering the program.

The Part B premium increase may not exceed any beneficiary's cost of living adjustment in their Social Security check. For the great majority of beneficiaries, the Social Security cost of living increase is likely to be significantly greater than the premium change.

*(Source Air Force Retiree News Service)*

## **Social Security, Military Retired Pay to Increase 2.7%**

Monthly Social Security and Supplemental Security Income benefits for more than 52 million Americans will increase

2.7 percent in 2005, the Social Security Administration announced today. The 2.7 percent Cost-of-Living Adjustment (COLA) will begin with benefits that more than 47 million Social Security beneficiaries receive in January 2005. Increased payments to 7 million Supplemental Security Income beneficiaries will begin on December 30. In addition to the Social Security increase, military retired members, Survivor Benefit Plan annuitants and individuals receiving VA compensation will see the 2.7 percent COLA increase.

The Social Security Administration also noted some other changes that take effect in January of each year are based on the increase in average wages. Based on that increase, the maximum amount of earnings subject to the Social Security tax (taxable maximum) will increase to \$90,000 from \$87,900. Of the estimated 159 million workers who will pay Social Security taxes in 2005, about 9.9 million will pay higher taxes as a result of the increase in the taxable maximum in 2005. It is important to note that no one's Social Security benefit will decrease as a result of the 2005 Medicare Part B premium increase, announced last month. By law, the Part B premium increase cannot be larger than a beneficiary's COLA increase. Information about Medicare changes for 2005 can be found at [www.hhs.gov](http://www.hhs.gov) - The Internet site for the Department of Health and Human Services.

*(Source Air Force Retiree News)*

## **High Blood Pressure: The Silent Killer**

About one in every four American adults has high blood pressure. Once high blood pressure develops, it usually lasts a lifetime. High blood pressure is called "the silent killer" because it usually has no symptoms. Uncontrolled high blood pressure is dangerous and can lead to stroke, heart failure, heart attack, kidney failure, and blindness.

Many people get high blood pressure as they get older. Over half of all Americans age 60 and older have high blood pressure. This is not a part of healthy aging! You can take steps to prevent high blood pressure. These steps include:

- Keeping a healthy weight
- Being physically active
- Following a healthy eating plan
- Reducing salt and sodium in your diet
- Limiting alcohol intake
- Quitting smoking

Learn more about high blood pressure by visiting the National Heart, Lung, and Blood Institute (NHLBI) Health Information Center at <http://www.nhlbi.nih.gov> or call to speak to an information specialist at (301) 592-8573.

*(Source Joy Paeth, CEO, Area Agency on Aging of Southwestern Illinois)*

## **Charity Fraud: Investigate Before You Donate**

**A Message from the Illinois Attorney General Jim Ryan**

Fraudulent charities prey upon the generosity of Illinois citizens. However, you should not be discouraged from contributing to legitimate charities. Today, more than 28,000 charitable organizations are registered with my office. These organizations regularly provide my office with information about their income, expenditures, programs and administrators. If you are interested in a particular organization, or want to know if a charity that has solicited you for a donation is registered, please contact the Charitable trusts Bureau at 312-814-2595 (TTY: 312-814-3374).



You can also help me combat charity fraud in Illinois by reporting suspicious solicitations. Whenever possible, keep notes detailing the date and time of the call, the organization's name, and the name of the solicitor. Try to remember their "pitch" as well as any other pertinent information. Together we can help prevent the people of Illinois from becoming victims of their own generosity.

Jim Ryan

Illinois Attorney General

### **Investigate Before You Donate**

Donate Wisely- Do not donate if a solicitor...

- Cannot or will not answer basic questions about the charity.
- Uses high-pressure tactics to obtain your donation.
- Insists on payment by cash rather than check.
- Insists on sending someone to pick up your donation rather than letting you mail it in.

If you would like to donate to an organization, keep the following tips in mind:

- Give only to a group you know and are confident will use the money wisely.
- When paying by check, write out the full name of the organization - do not use initials.
- Never pay in cash.
- If you want to make a tax-deductible donation, make sure you get a receipt for the amount of your contribution with a statement guaranteeing that the contribution is tax deductible.
- If you receive "gifts" in mailings from solicitors, you are under no obligation to contribute and may keep any unsolicited merchandise without donating.

### **Get It in Writing**

Ask the organization to send you written information, including the charity's name, address, telephone number, and other financial information.

### **Don't Be Rushed or Pressured Into Making a Donation**

Ask questions, gather information and donate only when you are satisfied that your money will be used in ways you consider appropriate.

### **Some Important Questions You Should Ask Before Donating:**

What is the charity's exact name? Where is the charity headquartered? Does it have local offices? What are the addresses and phone numbers of its local and national offices?

What percentage of the money taken in by the charity goes to fund raising? What percentage to administration? What percentage to the charitable program?

What programs does the charity offer in your community? Where? What is the primary purpose of the charity?

Is the solicitor a volunteer or a paid fund raiser? (If he or she is paid, a portion of your contribution will pay the salary. Find out how much he or she receives.)

How long has the charity been in operation? Is it registered with the Illinois Attorney General's Office?

Will the charity provide a current financial statement?

### **Some Notes on Police, Firefighter and Professional Fund Raiser Solicitations**

Some police and firefighter organizations are not charitable but instead are unions or social groups that will not use your donation for charitable purposes.

"Advertising" in so-called "ad books" will probably not reach the general public, and usually less than 20 % of the money you contribute benefits the police, firefighters or community.

Police officers and firefighters never know you contributed.

Any coercive statements, direct or subtle, that infers that giving is a way to get better protection or special treatment is a crime and should be reported to the respective police department, the State's Attorney and the Attorney General's Office.

Professional fund raisers often charge 80 percent to 90 percent of your contribution as a fee. Consider funding volunteer organizations.

### **Pay Close Attention to the Group's Name**

Some groups intentionally use names that are similar to well-known charities in an attempt to mislead donors. If the solicitor claims to represent the police or fire department, contact your local law enforcement or firefighting agency to verify that they are conducting a fund-raising campaign. Be careful of solicitations by charities that have unfamiliar names or do not have programs in Illinois.

If you would like to obtain copies of the financial documents filed by charities registered in Illinois, you may request them by writing: Office of the Attorney General, Charitable Trusts Bureau, 100 West Randolph Street, Chicago, Illinois 60601 Tel: (312) 814-2595, TTY: (312) 814-3374

The following organization also provides information about national charitable organizations:

BBB Wise Giving Alliance. 4200 Wilson Blvd., Suite 800, Arlington, VA 22203-1838, (703) 276-0100

*(Source Note: I also direct you to the IL Attorney General's Office which has lots of great info on the issue:*  
<http://www.ag.state.il.us/charities/index.html> *Ryan N. Hoback, Capt., USAF, Chief, General Law, 375 AW/JA)*

## **Junior ROTC Expands, Seeks Retirees to Teach**

**by Master Sgt. Ralph Bitter Air University Public Affairs**

Airmen planning to retire within the next couple of years and Airmen who have retired within the past five years may want to look to Junior ROTC before storing their uniforms, said Jo Alice Talley. She is the Air Force Junior ROTC instructor management chief.

Air Force Junior ROTC will add 201 units by fall 2007, creating a need for an additional 402 aerospace science instructors to teach in high-school classrooms worldwide, Ms. Talley said.

"The mission of the (Junior ROTC) program is to build better citizens for America," she said. "Many instructors find their relationships with the students, schools and communities the most satisfying aspect of the job."

In early 2005, 50 Air Force Junior ROTC units will open and will need at least 100 new instructors for the 2005 to 2006 school year. In early 2006 and 2007, another 75 and 76 units, respectively, will open. People from all career

fields are needed, said Col. H.B. McCarraher III, Air Force Junior ROTC director. "It doesn't matter what background the person had in the Air Force," he said. "The leadership skills, customs and courtesies, academic background and professional military education are all excellent preparations for becoming a leader (and) role model in the Air Force Junior ROTC classroom."

The Air Force Personnel Center at Randolph Air Force Base, Texas, recently added Air Force Junior ROTC teaching opportunities to the transition assistance program's mandatory pre-retirement counseling to get the word out to people scheduled to retire. Teaching in the Junior ROTC program is a satisfying experience, said retired Maj. Barbara Marshall-Coleman, the senior aerospace science instructor at a high school in Montgomery, Ala. The major said she especially enjoys preparing sophomores for their junior and senior years.

"Having students come to visit years later as officers and (noncommissioned officers) tells me that we are having a positive effect on the students we teach," Major Marshall-Coleman said.

Senior Master Sgt. Jodell Dunlap, who is beginning her second month as an assistant aerospace instructor, said she enjoys watching students advance in the program.

"They are very different from (how) they were (at the beginning of the school year)," she said. "Junior ROTC gives them a secure place to have the freedom to learn and grow." Air Force officers or enlisted Airmen who retired from active duty within the past five years or less, and those who have at least 20 years of service may apply, Ms. Talley said. Active-duty Airmen may apply when they are within six months of their retirement date. In some instances, the five-year date of retirement can be waived up to 10 years. Waiver consideration is based on the program needs and applicant qualifications.

Instructors wear the Air Force uniform and are expected to maintain appearance standards. In addition, they receive, as a minimum, a salary equal to the difference between their retired pay and their active-duty pay and allowances. For more information, call the Air Force Junior ROTC division toll free at (866) 235-7682, ext. 35275 or 35300. The DSN number is 493-5275 or 5300.

Perspective applicants can also write: HQ AFOATS/JRI, 551 E. Maxwell Blvd, Maxwell AFB, AL 36112-6106; or visit their Web site at [www.afoats.af.mil](http://www.afoats.af.mil) and then select the AFJROTC link.

*(Courtesy of Air Education and Training News Service)*

## **Deploying Troops Getting Priority for Laser Eye Surgery**

Many people choose laser eye surgery because they think it will make them more attractive or save them from having to grapple to find their glasses all the time. But for an increasing number of service members, laser eye surgery isn't a cosmetic or convenience issue. It's about saving lives on the battlefield.

"The bottom line is that if you're in the middle of a fight and you can't see the enemy before they see you, you're dead," Army Lt. Col. Scott Barnes, an ophthalmologist at the Warfighter Refractive Eye Clinic at Fort Bragg, N.C. Barnes said that motivation has spurred special operations and 18<sup>th</sup> Airborne Corps soldiers at Fort Bragg to flock to the clinic at Womack Army Medical Center "in droves," hoping to get laser eye surgery before their upcoming deployments.

"We're operating full speed ahead," said Barnes. He said the clinic is giving priority to combat troops on deployment orders.

Fort Bragg isn't alone. Throughout the military services, there's a growing recognition that eyeglasses can be a battlefield liability. Dirt, grime and lack of convenient hygiene facilities make contact lenses impractical in combat zones. On the other hand, eyeglasses break and fog up when subjected to the rigors of combat, like jumping out of airplanes, diving underwater, or crawling through dirt and sand, Barnes said. Some soldiers complain that they interfere with night-vision goggles or gas masks.

Fearing that their eyeglasses might break, Barnes said many deployed troops find themselves stashing extra sets in pockets, rucksacks – wherever they can quickly retrieve them if they need to. And although the military runs mobile eyeglass fabrication labs to replace broken eyeglasses, Barnes said they simply can't be as responsive as the 24-hour commercial eyeglass shops that dot American shopping centers nationwide.

Barnes said some troops question what might happen if they are taken prisoner and their captors take their glasses away from them. "How can you have any chance of escaping if you can't see?" Barnes said they ask. "The threat of having to go without glasses can be a psychological factor for a soldier who is dependent on his glasses," Barnes said. "It boils down to the fact that eyeglasses can be a liability."

Barnes said he'd like to be able to provide laser eye surgery for any soldier who wants it, but that limited time and resources force him to give priority to troops most likely to see combat. "For those guys on the front, in the heat of the battle, it's important for them to be able to be free of their glasses," he said.

The military has come a long way since 2000, when DoD first began allowing people with two common forms of laser eye surgery to enter the military with a medical waiver. People who'd had corrective eye surgery were previously ineligible for military service.

That move was based largely on groundwork laid by the Navy. Naval Medical Center San Diego launched the military's first refractive-surgery program in 1993, primarily serving Navy SEALs who had problems losing contacts or eyeglasses while parachuting or in the water.

Now all the services offer laser eye surgery for their members, although rules vary about who's eligible to receive it and what military jobs they're able to fill. Laser refractive surgery is now permitted for all warfare communities within the Navy and Marine Corps. Officials said more than 10,000 laser procedures having been performed at Navy refractive-surgery centers to date. In addition to Naval Medical Center San Diego, other Navy facilities offering laser eye surgery are Naval Medical Center Portsmouth, Va., and the National Naval Medical Center, in Bethesda, Md. The surgery is also available at naval hospitals in Bremerton, Wash.; Jacksonville, Fla.; Camp Lejeune, N.C.; and Camp Pendleton, Calif.

The Air Force Warfighter Photorefractive Keratectomy Program went active at the end of 2001. Currently, qualified Air Force people can get the surgery at Wilford Hall Medical Center, Texas; Travis Air Force Base, Calif.; the U.S. Air Force Academy, Colo.; Keesler Air Force Base, Miss.; and Wright-Patterson Air Force Base, Ohio.

The Army's first Warfighter Refractive Eye Clinic, at Fort Bragg, opened its doors in May 2000 and has conducted about 16,000 of the surgeries, Barnes said. The Army now operates four other clinics at Fort Campbell, Ky.; Fort Hood, Texas; Landstuhl Regional Medical Center, Germany; and Tripler Army Medical Center, Hawaii. In addition, Barnes said the Army conducts laser eye surgery at two centers where it also teaches the procedure: Walter Reed Army Medical Center in Washington, D.C., and Madigan Army Medical Center at Fort Lewis, Wash. Brooke Army Medical Center in San Antonio is expected to add the service within the fiscal year, Barnes said.

The most common types of laser eye surgery offered are photorefractive keratectomy, or PRK, and laser in-situ keratomileusis, often referred to as LASIK. Barnes said 80 percent of his patients chose PRK, a procedure that requires a slightly longer healing time but has less risk of complication.

Related Site: Navy Bureau of Medicine and Surgery Corrective Eye Surgery Information  
[<http://navymedicine.med.navy.mil/bumed/index.cfm?docid=12108>]

(By Donna Miles, American Forces Press Service/Milton Bell, 25 Oct 2004)

## **You Are Never “Too Old” to Feel Good!**

**Patty Flynn R.N., BSN**

It's difficult for an older person to admit, "I'm depressed".

I'm a research nurse at Washington University School of Medicine, and I frequently hear statements like these from my patients.

*I don't need help I can handle it myself. But, I'm just so tired.  
What if someone I know finds out I'm depressed? They will think I'm crazy.  
Maybe it's my fault. I deserve to feel this way. God is punishing me.  
I'm getting old, that's why I can't sleep.  
Eating is difficult, nothing taste good and I just don't feel like cooking anymore.  
I'm just a worrywart; I worry about everyone and everything.  
I'm getting lazy in my old age; I can't seem to get a thing done.  
Fun? What is fun anymore? I can't do what I used to do, so why do anything?  
I don't feel like going out with my friends or family. It's too much trouble.  
If I read a book or watch T.V. my mind wanders and I can't remember the story.  
I'd never kill myself. I really don't care if I die. What's the difference?*

Changes in your mood are hard to explain to other people. What if you talk about your mood and someone suggests that you see a psychiatrist? That can be really scary. Seeing a psychiatrist? "Not me," you say. "I'm not crazy."

But think about it this way. What if you told someone that you were having chest pains at night and they said you should see a cardiologist? You may be ok with that because it has to do with a heart. Your heart is a real organ. Nothing you did wrong there. Your heart is sick. Better take care of it. Get some medicine.

Depression is no different. The brain is a real organ, too. When your brain is sick, your mood can change. The brain controls how you sleep, how you eat, whether your mind is alert or wandering, your memory and your feelings.

The things that happen in your brain play a role in whether you feel happy or sad, whether you feel peppy and full of energy or lethargic and slow. It also influences whether you feel like getting out of bed in the morning, whether you'd rather "seize the day" or be seized by it. It's your Central Command, your very own computer, your powerhouse and personality.

Depression may be the wrong word for this illness of the brain. It might be more accurate to call it "brain-slow-down" or "brain-messed-up" illness. In our society, "brain-messed-up" illness might be easier to accept than the word



“depression”. So, try thinking of it as “my brain is not working right” medical condition, and what I have to tell you might make more sense.

Medication for “brain-messed-up” illness treats the brain and allows it to work much better. Individuals diagnosed with major depression by a psychiatrist often take anti-depression medications. Soon they get better because their brains respond to the medication. They don’t get better because they just *“wake up one day and decide enough of this bad mood. I’m going to make myself feel the way I used to feel.”*

It doesn’t work that way. You can’t wish away a heart condition, diabetes or high blood pressure, and you can’t wish away a brain illness either.

But you can help the way in which older people think about depression. You can talk about it as a brain condition and real brain illness that needs to be diagnosed and treated by a doctor. You can share the new information about medical illnesses such as high blood pressure, heart disease and diabetes contributing to depression. You can also look for these signs and symptoms of depression in older people and talk to them about this article.

- Not sleeping well and feeling tired
- Food may not taste as good; appetite is poor
- Difficulty getting started in the morning
- Difficulty making decisions and concentrating
- Giving up activities that you used to enjoy
- Short tempered or wanting to be left alone
- Thinking about death and dying

If you’d like to help us learn even more, we’re always looking for both depressed and non-depressed volunteers for research studies.

Dr. Yvette Sheline at Washington University School of Medicine’s Center for Depression and Neuro-imaging is currently studying the brain and how a particular section of it, called the hippocampus, shrinks with depression. She has found out that medical illnesses such as high blood pressure, heart disease, mini-strokes and diabetes affect the brain too. She has named the depression that happens to older adults who have these medical illnesses “Vascular Depression”. If the depression is left untreated, the part of the brain responsible for memory and emotions, the hippocampus, shrinks. She made that discovery by taking pictures of the brain with an MRI machine. But further research is needed to discover if treatment with anti-depressant medicine corrects the problem. Dr. Sheline is conducting a National Institute of Mental Health depression study that is looking at this question. To find out more about opportunities to volunteer for brain depression research call me.

*(Patty Flynn R.N. Research Nurse Coordinator # 314-362-6737)*

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## **Volunteers Needed for Study**

Dr. Yvette Sheline, director of the Center for Depression and Neuro-Imaging at Washington University, needs volunteers to join a National Institute of Mental Health sponsored study about Vascular Depression. Participants receive brain MRI scans, memory testing, ECG and Laboratory tests, treatment with Zoloft, a common anti-depression medicine, and visits with a psychiatrist for 12 weeks. Compensation is provided for travel expenses. Valet parking is free of charge.

**PLEASE CONTACT THE STUDY NURSE, PATTY FLYNN AT 314-362-6737 FOR MORE INFORMATION.**

If you are over 60 and have Heart Trouble, Mini Stroke, High Blood Pressure or Diabetes and you:

I Have trouble sleeping or sleeping too much "I'm tired all the time"

I Feel anxious or worried "I can't stop worrying"

I Have low energy "Why go? I just want to stay at home"

I Have memory problems "I just can't keep anything straight"

I Feel worthless "I have nothing to offer, I'm no good"

You may be suffering from "Vascular Depression", Vascular Depression is a type of depression that affects people over the age of 60 who have illnesses affecting their blood vessels.

## **Thrift Savings Plan Open Season Begins Oct. 15**

**by Master Sgt. Randy L. Mitchell Air Force Personnel Center Public Affairs**

Federal employees, many of whom are retired military members, can sign up for, or change, their Thrift Savings Plan contribution amounts during the "open season" Oct. 15 to Dec. 31.

"TSP is a long-term retirement savings plan, which everyone should consider," said Senior Master Sgt. Felipe Ortiz, superintendent of the Air Force Personnel Contact Center here. "It's a great supplement to military and civilian retirement plans. "It's also important to note that TSP is not limited to investing in stocks," he said. "People can choose safer government securities as well."

This open season applies only to regular TSP contributions. It does not include TSP catch-up contributions, as they are not tied to open seasons, said Janet Thomas, of AFPC's civilian benefits and entitlements service team.

TSP offers investors the chance for lower taxes each year they contribute, while not having to pay taxes on earnings until they reach retirement. "Eligible employees can take out loans and make in-service withdrawals from their TSP accounts," Ms. Thomas said. "And you can keep your account, even if you leave military or federal civilian service."

Investment money is deposited directly from each paycheck "so you never have to think about it," Sergeant Ortiz said. "That makes it easy to 'pay yourself first' while only investing what you deem appropriate." The five TSP funds are: the Government Securities Investment (G) Fund; the Common Stock Index Investment (C) Fund; the Fixed Income Index Investment (F) Fund; the Small Capitalization Stock Index Investment (S) Fund; and the International Stock Index Investment (I) Fund.

"As with any individual retirement account, the sooner you begin contributing, the better," Ms. Thomas said. Contribution elections or changes made between Oct. 15 and Dec. 11 will take effect Dec. 12, for both military and civilian employees. Changes made on or after Dec. 12 will become effective at the beginning of the pay period following the one in which the election is made for civilians and the following month for military.

Some of the specifics of the program for civilians include:

- Contribution limits for this open season are based on which retirement system an employee has.
- Federal Employees' Retirement System employees may contribute up to 15 percent of basic pay each pay period. Once eligible, the government provides matching funds of up to 4 percent as well as an automatic 1 percent each pay period, whether the employee contributes or not, making the government's contribution 5 percent.
- Employees covered by the Civil Service Retirement System may contribute up to 10 percent of basic pay, but they

do not receive any agency contributions.

-- Beginning the next open season, Oct. 15, 2005, to Dec. 31, 2005, there will no longer be percentage limits on how much either retirement system's employees may contribute, Ms. Thomas said. Contributions will be restricted only by the Internal Revenue Code's annual limit, which is currently \$13,000 for 2004 and \$14,000 for 2005. In 2006, the limit will be \$15,000, and after 2006 increases will be indexed to the annual cost-of-living adjustment referred to in the tax code.

-- Specific information is available for civilian employees from the Thrift Savings Plan Web site and the BEST homepage at [www.afpc.randolph.af.mil/dpc/BEST/menu.htm](http://www.afpc.randolph.af.mil/dpc/BEST/menu.htm)

-- All Air Force-serviced civilian employees will make their TSP contribution elections or changes electronically through the Web-based Employee Benefits Information System at [www.afpc.randolph.af.mil/dpc/BEST\\_GRB/EBIS.htm](http://www.afpc.randolph.af.mil/dpc/BEST_GRB/EBIS.htm) or through the BEST automated phone system at (800) 616-3775. Hearing impaired employees may contact BEST by calling TDD (800) 382-0893 or commercial (210) 565-2276 within San Antonio. Overseas employees will dial the direct-access number for the country they are calling from and then enter (800) 997-2378. Counselors are available weekdays 7 a.m. to 6 p.m. CDT.

-- Contribution allocations (how an employee chooses to invest their money among the five funds) are made via the "Account Access" section of the TSP Web site, or by calling the ThriftLine.

More information about the Thrift Savings Plan can be found in the booklet "Summary of the Thrift Savings Plan" on the home page under civilian or uniformed services TSP Forms and Publications.

*(Courtesy of AFPC News Service)*

## **SBP OFFSET UPDATE**

The 2005 NDAA provisions related to SBP were put to rest. The final bill retains provisions that would phase out the SBP 'widows tax' over 3 BD years. As written it will:

- 1 Raise the minimum SBP annuity for survivors age 62 and older to 40% of retired pay as of Oct 1, 2005; to 45% of retired pay on April 1, 2006; to 50% on April 1, 2007; and to 55% on April 1, 2008.
- 2 Continue increased coverage levels for current retirees already paying supplemental SBP premiums, but such retirees will no longer have to pay the extra premium for the supplemental SBP coverage as of the date the new law is enacted.
  - 3 Allow retirees not enrolled in SBP to participate in a one-year open-enrollment period starting 1 OCT 2005 provided they make a lump-sum payment covering all back premiums since retirement, plus interest. The premium cost of SBP generally is 6.5% of the base amount of coverage a retiree selects.

*(Courtesy MOAA Leg Up 8 OCT 04/Tichacek Newsletter)*

## **A Multi-Billion-Dollar Concurrent Receipt Initiative**

The new law authorizes a 10-year phased restoration of retired pay (75 percent restoration in four years, 95 percent in six years) for retirees with a disability rating of 50 percent or greater and who would have been eligible to retire without

a disability, with the first phase payable as of Jan. 1, 2004. Also, any retired pay offset attributable to a disability deemed by the service as combat- or operations-related is to be restored in full (tax-free) as of Jan. 1, 2004.

(Source MOAA)

## **AF Village I and II News:**

Now is the ideal time to come live in Village I. Why? Because at Village 1 a 90% Refund Estate Preservation program is now available which will return nearly all of the Entrance fee to you or your estate. This option is open to any new resident, age 84 and under. Want more details? Please call 1-800-762-1122, or contact the Villages using the "Contact Us" web page on the Villages website ([www.airforcevillage.com](http://www.airforcevillage.com)). But that is not all the good news! For a limited time, they will give you the first month FREE at Village I!!! Come see Village I's newly renovated lobby, dining room, community center rooms, library and music room. Both Villages I and II have over 25 fun filled activities on site to help keep you active, healthy and alert. They have something for everyone!!

## **Military Enlisted Retirement Village Incorporated:**

Officials have announced that the recent article in our Retiree News Update for April 2004, relating to a feasibility study on establishing and constructing a military enlisted retirement village in San Antonio has provided excellent results so far. At last count, there were over one-hundred fifty-six (156) enlisted retirees and widows who have indicated they favor this project. As previously reported, the village will be for military enlisted retirees from all branches of the Armed Forces to include Guard and Reserve components. A temporary office has been established on Brooks City-Base, San Antonio, Texas. You may now contact The Military Enlisted Retirement Village office at (210) 533-MERV (6378), by Email at [info@mervc.org](mailto:info@mervc.org) or by writing to P.O. Box 35326, San Antonio, TX 78235-0326. MERV office hours are 10 a.m. to 2 p.m., Monday through Friday. When calling, voice mail is available so please leave a message. Leave your name, address, telephone number and a brief message. You will be contacted. Each interested person(s) will begin receiving a Newsletter from the corporation beginning in September 2004.

Medicare Part B (*RAO Brook City-Base, TX. Newsletter Aug 04*)

## **Help Available for Certain Retirees Paying Medicare Part B penalty**

Many Uniformed Services Health Care beneficiaries entitled to Medicare Part A, but not enrolled in Part B, were automatically enrolled Sept. 1 without a problem. That's the good news.

The bad news is that there have been quite a few retirees who either didn't receive the letter sent out by the Social Security Administration (SSA), or who happened to contact an SSA representative who was not aware of the procedures. For these retirees, help is on the way.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) eliminated the Medicare Part B surcharge for uniformed services beneficiaries who were subject to a higher premium (currently paying more than \$66.60 a month) for enrolling late in Part B during the years 2001 to 2004. The beneficiaries will be reimbursed for any surcharges paid in 2004. These refunds will be provided in Social Security retirement checks.

Unfortunately, there is no relief for those who started paying the Part B penalty prior to Jan. 1, 2001.

TRICARE Management Activity officials note that beneficiaries, unless they specify otherwise, will be enrolled in Part B effective the SSA's operating month, which is currently November. However, the SSA letter they will receive once enrolled will provide them with the option to change their effective date. Anyone who refuses Part B is ineligible for TRICARE for Life benefits.

Those selecting an earlier month will have to pay the Medicare premiums for the months selected. On the surface, that might not sound like a good deal, but for some it could be beneficial if they had medical expenses that could be billed to Medicare.

Members of the Air Force retiree community who feel they are eligible to enroll in Medicare Part B during this the Special Enrollment Period or who feel they have a reimbursement coming (for 2004) should visit their local Social Security Office or call 1-800-772-1213 and explain the situation.

Members of the Air Force retiree community still having a problem should send an E-mail to the Retiree Services Branch in the Air Force Personnel Center. The E-mail address is [afpc.retiree@randolph.af.mil](mailto:afpc.retiree@randolph.af.mil). To ensure the message goes quickly to the right person, put "Medicare Part B Penalty Waiver" in the subject line.

The message should include the name and SSN of the beneficiary and sponsor, a telephone number including the area code, whether requesting Part B enrollment OR requesting reimbursement of the Part B penalty for months paid in 2004 OR specifying an earlier enrollment month.

A Retiree Services Branch staff member will consolidate and forward information to the proper officials. The branch is not staffed to take information by phone.

Please note that those submitting information will be not be contacted unless there is an SEP eligibility or reimbursement problem and that will come from another agency. The SSA, after processing the enrollment request, will notify the beneficiary by letter.

*(AFRN 3 Nov 2004)*

## **AF Pharmacies Implement New Formulary**

Air Force pharmacies will no longer distribute some high-use, but expensive medications. This was outlined in a memorandum recently sent out to all Air Force pharmacies by Maj. Gen. (Dr.) Joseph E. Kelley, assistant surgeon general for health-care operations. "It's no secret that (fiscal 2004) has been an extremely challenging budget year for the Air Force Medical Service," General Kelley said in the memo. "In addition to being faced with more expensive drugs coming to market this year, there has been an 8 percent price increase in the approximately 150 high use medications contained on the (Department of Defense and Veterans Affairs) contract list."

To assist in meeting the medical service fiscal parameters, changes will be made in dispensing non-sedating antihistamines, some arthritis medications and insulin. General Kelley said he believes the implementation of these formulary guidelines present sound clinical options with a very minimal impact on patient care.

For patients requesting refills on the medications being deleted, a 30-day supply will be provided to allow them enough time to obtain a new prescription for another medication.



"At times, it can be a somewhat bewildering process to track what medications your military treatment facility pharmacy keeps in stock," said Col. Phil L. Samples, pharmacy consultant to the surgeon general. "Not only can this be confusing at the local level, but as families (move) from base to base, situations arise where one pharmacy may carry a certain medication that another does not based on the scope of practice at any given facility," Colonel Samples said.

"One of the functions of the DOD Pharmacy and Therapeutics Committee and this policy letter is to minimize these variations," he said. To demystify the processes involved in determining which medications are available at a base pharmacy, Colonel Samples said one must look at the total selection process. Currently, there are essentially three systems in place that influence the drug-selection process.

"First, DOD has a (committee comprising) physicians and pharmacists from all services that reviews classes of drugs and makes recommendations regarding individual medications that must be carried at every military pharmacy," Colonel Samples said. "These medications, called basic core formulary drugs, provide the foundation for all other formulary decisions and represent the minimum number of drugs a pharmacy will carry.

"The intent of this body is to ensure certain maintenance medications for things like blood pressure or diabetes are available throughout the DOD system," he said.

"Next, every (medical facility) has its own pharmacy and therapeutics committee, consisting of local physicians and pharmacists, that evaluates medications for addition to the formulary based upon the scope of practice at that particular facility," Colonel Samples said. "These medications are then available to augment those on the basic core formulary."

The third is the Air Force medical operations function itself. This is a relatively new process where officials can direct changes across all Air Force pharmacies.

"The two advantages of this new process are that a medication can now be mandated for inclusion at all Air Force pharmacies thus standardizing the benefit, and (Air Force-wide) savings and cost containment can be realized throughout the system" Colonel Samples said. For patients seeking medications not contained on the pharmacy formulary, two options exist, he said.

"First, the TRICARE mail-order pharmacy will mail up to a three-month supply of medication directly to the patient's home for a small co-pay -- \$3 or \$9 depending on generic or brand-name medication. Second, the (retail) managed care support contract pharmacies provide up to 30-day supply of medication for a \$3 or \$9 co-pay" Colonel Samples said.

"Both of these options provide a broader range of medications than normally found at the MTF pharmacy," he said. "When you consider the combination of the MTF pharmacy TRICARE mail-order pharmacy and retail network pharmacies, patients are ensured they can receive a wide variety of medications." Patients who have questions regarding their pharmacy benefit can contact their local pharmacy.

*(RAO Missawa Oct-Dec 04 Newsletter)*

## **New, Improved Military Treatment Facility (MTF) Locator**

The new and improved Military Treatment Facility (MTF) Locator: A more robust approach to finding health care In a continuing effort to deliver the best health care information, we have improved the MTF Locator. Now, finding an MTF

is even easier. The locator includes hospitals and medical centers, and some branch clinics that treat active-duty service members and families. In addition to expanding the search engine with options like MTF name, installation name, location, specialty, service and type of facility, we return better search results with less navigation.

Other enhancements include standardized information for all MTF listings (appointments, pharmacy, specialty, hours of operation, after-hours care, local Beneficiary Counseling & Assistance Coordinators (BCAC) and Debt Collection Assistance Officers (DCAO)) and basic information that defines an MTF and that links to catchment area information. We still kept that "oldie but goody" link to MapQuest that provides driving directions to a specific MTF.

On the administrative side, we built an improved administrative interface that makes real-time updates, manages updates received from the field, and sends global e-mail notification to the POCs in the field. Please visit the MTF Locator Web site at <http://www.tricare.osd.mil/mtf/>

(SOURCE: TMA Communications <[meenews@tma.osd.mil](mailto:meenews@tma.osd.mil)>, with minor modifications 29 Oct 04)

NOTE: Please report TRICARE website related problems to: [webmaster@tma.osd.mil](mailto:webmaster@tma.osd.mil)

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## TRICARE Launches Multi-Service Market

An activation ceremony at Walter Reed Army Medical Center Sept. 9 launched the National Capital Area Multi-Service Market. The office will integrate the health care delivery of nine major military medical treatment facilities in the national capital area, and their subordinates, to form one unified health system under a single health plan. Army Maj. Gen. Kenneth L. Farmer Jr., commanding general of Walter Reed Medical Center and the North Atlantic Regional Medical Command, addressed an audience that included the commanders from the nine facilities, as well as representatives from the newly formed TRICARE North Region, its contractors and a tri-services staff working in the new office. In his own role as the multi-service senior market manager, Farmer is responsible for guiding a solid business plan to bring about an integration of the health care system in the national capital area.

"Our multi-service market focus is on the health care delivery system," Farmer said. "Actually, the focus is on our beneficiaries, and the charge and expectation is that we will operate our military treatment facilities in an integrated way to optimize our facilities and our system for the care of those beneficiaries." Collaborative leadership is the key, Farmer added. Capt. Kathryn Beasley is the chief of staff for the new office. "This office will serve to help link all the tri-service facilities, both big and little, in the national capital area together to form an integrated health delivery network under one health plan," said Beasley. "It will provide for more seamless care for the beneficiaries."

(By Patricia McAllister, U.S. Army Public Affairs/NNS, 9/30/04)

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## Staying Abreast of the News at Home/Office

**AIR MOBILITY COMMAND News Service:** Providing America's Global Reach: Visit AMC's public Web site

at <http://public.amc.af.mil>.

**NOW AVAILABLE BY E-MAIL SUBSCRIPTION:** U.S. Transportation Command News Service. Just point your browser to the Air Force Link Subscription Center at <http://www.af.mil/subscribe/> and subscribe to "US Transportation Command News." From the Air Force Link Subscription Center you can manage all your Air Force subscriptions. Point your browser to <http://www.af.mil/subscribe/> to try these other U.S. Air Force news and information products:

- **Air Force Print News** - <http://www.af.mil/news/> -- daily news from around the Air Force.
- **Air Force Operations Center** - <http://www.af.mil/opscenter/> -- an Air Force Link special highlighting Air Force operations.
- **Airman Magazine** - <http://www.af.mil/news/airman/> -- a monthly magazine showcasing America's Air Force.
- **Air Force Television News** - [http://af.feedroom.com/?fr\\_chl3D30755134465444c91b0d2d4e2c6e1f4b4575760b](http://af.feedroom.com/?fr_chl3D30755134465444c91b0d2d4e2c6e1f4b4575760b)
- **Air Force Radio News** - [http://af.feedroom.com/?fr\\_chl3Dfecab8607aae01948e77ffb45d121864d98aa02](http://af.feedroom.com/?fr_chl3Dfecab8607aae01948e77ffb45d121864d98aa02)
- **Air Force Policy Letter Digest** - <http://www.af.mil/policy/> -- a monthly compilation of Air Force policy news.

### **On Fitness**

Fitness first piece of puzzle to healthier lifestyle <http://www.af.mil/news/story.asp?storyID3D123008835>

Overall health more than fitness, nutrition: <http://www.af.mil/news/story.asp?storyID3D123008832>

Nutrition not fast claim, but way to go: <http://www.af.mil/news/story.asp?storyID3D123008823>

*(AMC News Service)*

## **New Law Sinks 'Check Floating' Practice**

The practice of "floating" a check until payday will become a thing of the past Oct. 28 when the new federal Check Clearing for the 21st Century Act, also known as Check 21, goes into effect. "Check floating" occurs when people write checks a few days before payday, figuring that by the time their checks hit the bank, there will be money in the accounts to cover them. With Check 21, money will be withdrawn immediately from a person's account when he or she writes a check.

The new federal law is designed to help banks efficiently process more checks electronically. This means that debits to a person's checking account will occur in minutes, not days. Paper checks as record-keeping devices will also become a thing of the past. Instead, banks will replace canceled checks with substitute checks -- paper copies of electronic images of a person's original check. Consumers must have a substitute check to exercise all of their rights under Check 21 for the re-crediting of their account in the event of a transactional error.

The potential effect on consumers is simple. Unwary consumers will be more likely to bounce checks because of the enhanced speed and efficiency of check processing. Consumers probably will not be able to access funds from checks deposited in their accounts any sooner because the new law does not shorten check hold times for banks. This means people may not be able to withdraw money from their accounts the same day a deposit is made. Here are a few tips to help people adjust their banking habits in response to Check 21:

- Check your balance. Ensure you have sufficient funds in the checking account to cover any purchases made by check.
- Request substitute checks. Although banks are not required by law to issue them, be persistent in requesting that substitute checks accompany bank statements.

- Ask for a re-credit in writing. If a loss is related to a substitute check received, notify the bank in writing within 40 days of the bank statement and request a re-credit to the account. Do not forget to include the substitute check.

For more information about Check 21, visit the Consumers Union or the Federal Reserve Web sites.

*(Courtesy of Air Education and Training Command News Service, Capt. Charles Warren, 12th Flying Training Wing Legal/AFRN, 20 Oct 2004)*

## **Deployed Troops, High-Risk Groups to Get Flu Shots on Time**

All deployed and deploying service members and high-risk beneficiaries will be vaccinated on time this flu season, the Defense Department's chief medical officer said here Oct 21. Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, said changes made in the flu vaccination program make him "confident that this will allow us to sustain our military mission."

He said the revised plan protects military medical beneficiaries most at risk. "The health and well-being of our troops and our military beneficiaries are our priorities," he said. The doctor said for service members and their families not part of these categories, DoD "will be conducting a vigorous public health campaign against the flu."

Winkenwerder said the effect on DoD of the flu vaccine shortage is similar to that on rest of nation. He estimated DoD has 60 percent of the vaccine it had last year, which is slightly better than the general nationwide situation.

Deployed troops and those deploying get priority for flu vaccinations. "We are committed to protecting our troops who go in harm's way every way we can," Winkenwerder said. The program has started for troops already deployed and for troops readying to leave.

Winkenwerder praised the commitment of Aventis Pasteur - the maker of the flu vaccine - to America's fighting forces.

For the high-risk population, DoD will follow Centers for Disease Control guidelines. High-risk groups are children between 6 months and 2 years old, adults over 65, those with underlying health problems, health care professionals, pregnant women and caregivers in direct contact with infants.

DoD ordered 3.6 million to 3.7 million doses of vaccine for this flu season. In a usual flu season, all active duty service members and their families and all beneficiaries in a military direct-care system would receive a shot.

"This year we'll be working with at least 2.1 million doses, most provided by Aventis Pasteur," Winkenwerder said.

The department also is receiving an order of 50,000 doses of FluMist, a nasal spray flu vaccine. The department will receive 200,000 more doses of FluMist in late November, or early December, he said.

*(By Jim Garamone, American Forces Press Service/MBell, 22 Oct 2004)*

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## **The TRICARE Retiree Dental Program (TRDP)**

This is a voluntary dental benefits program, first authorized in the National Defense Authorization Act of 1997. When the program began in February 1998, it offered limited basic and preventive dental coverage to Uniformed Services retirees and their family members.

On October 1, 2000, the scope of coverage was enhanced to form a more comprehensive dental benefits program never before available to this population. While the basic program is still in existence today, no new enrollments are being accepted. As of September 1, 2000, all retirees interested in enrolling in the TRDP are exclusively offered the enhanced program.

Today, the TRDP has become the foremost dental benefits program available to Uniformed Services retirees and their families. Under a contract that renews the program through April 2008, enhanced program features like a shortened enrollment commitment, a waiting period of only 12 months for the full scope of covered services, and an increase in the annual maximum and lifetime orthodontic maximum amounts to \$1,200 provide added value to an already affordable and quality dental plan.

The fee-for-service TRDP is funded entirely by enrollee-paid premiums. A special network was created to support the delivery of dental care to patients who are enrolled in this program. Enrollees in the TRDP are advised that although they may receive dental services from any licensed dentist they choose, there are advantages to receiving treatment from a participating network.

Currently over 800,000 people are enrolled in the TRDP and applications keep coming in each month. Thanks to favorable comments by those in the program, this benefit is getting better known in the military retiree community and retirees are taking advantage of its benefits. For further information please visit TRDP's web site at:  
<<http://www.trdp.org/>>.

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## **Armed Forces Recreation Center (AFRC)**

AFRC resorts are affordable Joint Service facilities operated by the U.S. Army Community and Family Support Center and are located at ideal vacation destinations around the world. Centers are self-supporting and offer a full range of resort hotel accommodations for service members including retirees. Rates are based on rank, pay grade, duty status and/or room location. AFRC sites include Shades of Green on Walt Disney World Resort in Florida; Edelweiss Lodge and Resort in Germany; Hale Koa Hotel, Hawaii; Rocky Mountain Blue in Colorado; Dragon Hill in Korea and New Sanno Hotel in Tokyo. Get more information on the AFRC web site at <http://www.armymwr.com/portal/travel/recreationcenters>. SHADES OF GREEN has recently been reopened after an expansion. Call 1- 888.593.2242 for information and reservations.

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**Armed Forces Vacation Club** - is a program arranged between the Army Services Office and Resort Condominiums International (RCI) and offers service members including retirees condo rentals for \$209/week at selected resorts for accommodations for 2-8 people. This is a great deal if the time and place fit your vacation plans. The days available are usually "off-season" and travel costs are extra. To select a location, or for more



information go to <<http://www.afvclub.com/>> or call 800.481.5738 ext 8253.

## **Fourth Cliff Recreation Area**

This 56 acre seaside military family recreation area is situated on a cliff at the tip of a peninsula overlooking the Atlantic Ocean on the east and the scenic north River on the west in Humarock, MA. With 17 fully winterized cabins and 4 efficiencies available year round, Fourth Cliff offers an excellent opportunity for solitude and relaxation. There are also several RV, camper and tent sites available. Fishing, beachcombing, sunbathing and touring are some of the attractions. It affords easy access to Boston, Cape Cod, Martha's Vineyard, Nantucket Islands, historic Plymouth for those interested in local attractions. Call 781.837.9269, or 800.468.9547 between 0800 and 1630 M-F for more information or visit <<http://www.hanscom.af.mil/66SVS/fourthcliff/htm>>

*(Hanscom RAO Newsletter Fall 04)*

## **Judge Dismisses Former Spouse Lawsuit**

The U.S. Federal District Court in Alexandria, Virginia dismissed the lawsuit brought by the Uniformed Services Former Spouse Protection Act (USFSPA) Legal Support Group (ULSG) against the Secretary of Defense.

ULSG had filed the suit on behalf of 58 service members and retirees alleging that the law requiring division of military retired pay with a former spouse violates constitutional due process and equal protection rights. Lawyers for the Secretary of Defense filed a motion to dismiss the lawsuit, and the court held a hearing on that motion on September 10.

At that time, Judge James C. Cacheris heard DoD's arguments to dismiss the lawsuit and opposing arguments from ULSG lawyers. He acknowledged there was "a lot of public interest in this issue," and said he would need some time to consider a decision.

On October 14, 2004, Judge Cacheris rendered his decision, dismissing the lawsuit. He ruled that the lawsuit belongs in state courts since federal courts (with the exception of the Supreme Court) do not have subject matter jurisdiction over the case. In other words, the judge held that plaintiffs are required to sue states individually because divorce law is a state-level issue. He also ruled that ULSG failed to show that it had the "standing" required to file this lawsuit.

ULSG plans to appeal this ruling to the United States Circuit Court of Appeals in Richmond, Virginia. You can read more about the USFSPA, including the judge's written decision, on MOAA's Web site at:

<http://www.moaa.org/Legislative/USFSPA/>.

*(Courtesy MOAA Leg Update 22 Oct 04 all rights reserved.)*

## **VA Expands Benefits For Ex-POWs**

The Department of Veterans Affairs has announced the expansion of benefits to all former POWs with strokes and common heart diseases. "This is an issue that has been studied and debated too long," VA secretary Anthony J. Principi said. "We have scientific studies supporting the association of these illnesses to the military service of our former POWs."

The secretary, who oversees the operations of the Department of Veterans Affairs (VA), announced the new benefits in

a speech Saturday night at a national convention of the American Ex-Prisoners of War. The decision benefits former POWs with strokes and most heart diseases. Those veterans will be automatically eligible for disability compensation for those common ailments, and their spouses and dependents will be eligible for service-connected survivors' benefits if these diseases contribute to the death of a former POW.

In September 2003, Principi launched a nationwide outreach effort to identify and provide benefits to the estimated 11,000 former POWs who were not receiving VA disability compensation or other services. There are about 35,000 living ex-POWs.

The secretary also has urged Congress to change federal law that required that former POWs must be detained for at least 30 days to qualify for the full range of POW benefits. The Administration's new decision will add to the list of 16 medical problems that VA presumes to be linked to the military service of former POWs. The new rules are likely to take effect on Oct 7, 2004.

*(AFRN, 7 Oct 2004)*

## **MyPay Adds New Capabilities**

The Defense Finance and Accounting Service's myPay system recently started the Restricted Access Personal Identification Number (RAPIN) program. RAPIN allows all users to provide a spouse or trusted person with a view-only PIN. First the DFAS customer must have a myPay PIN. More information and instructions on getting a PIN are at the myPay website, <https://mypay.dfas.mil> <<https://mypay.dfas.mil>> . Once that is done, the customer can set the RAPIN by signing into myPay and from the main menu click on the "Personal Settings" page.

- Then click on the "Restricted Access PIN."
- Input the RAPIN and provide it to the people of your choice.
- For the spouse/family member to use the RAPIN, they simply sign into myPay with the member's SSN under "LoginID" and then enter the provided RAPIN. With the RAPIN the spouse or family member can view and print a leave and earnings statement and W2 but cannot make pay changes.

MyPay also allows customers to provide a personal e-mail address for future correspondence. The email address will be used to keep retirees apprised of future events and capabilities, such as, e-mail notification of pay changes and other items of interest. Provide your e-mail address by setting up your "Personal Preference" page.

*(AFRN, 11 Oct 2004)*

## **No Need for Medic Draft, Health Affairs Chief Says**

DoD's top medical official said today there is no need for a contingency plan study on drafting medical personnel. The Selective Service System is studying various iterations of a draft, but is doing so only because a 1987 law requires it, said Dr. William Winkenwerder Jr., the assistant secretary of defense for health affairs. Winkenwerder got involved after news stories surfaced about the Selective Service studying a draft of medical personnel. The doctor said the contingency plan study was not taken at his direction nor at the direction of anyone in DoD.

"There is no need for such a contingency plan," he said. "The military health system today is ready, capable and flexible,

and has an incredible amount of capacity." DoD also has more than 130,000 skilled, trained medical personnel in the active-duty medical system. He said there are "many tens of thousands" skilled medical professionals in the reserve components. DoD has 75 hospitals and 450 clinics worldwide.

When Congress passed the 1987 law, the TRICARE health system, in which today 216,000 civilian physicians participate, was not around. In 1987, DoD and the Department of Veterans Affairs health programs were not as closely linked; today VA hospitals provide the department with additional capacity. In 1987, the computer technology breakthroughs available today were not ready for prime time, and they now help pharmacists, for example, to dispense drugs widely and quickly.

"From my perspective, the planning assumptions for that law are way outdated," Winkenwerder said. "In summary, the military health system has performed superbly in support of our men and women in Iraq and Afghanistan all around the world. There is no need for such a contingency plan."

Earlier today on a San Antonio radio station, Defense Secretary Donald H. Rumsfeld said DoD has not requested a draft, nor will the department request that authority. Rumsfeld called stories surfacing about a draft "a mischievous political effort that's being made to frighten young men and women." "The truth is we do not need a draft," he stated. Related Site: Military Health System [<http://www.tricare.osd.mil/>]

*(By Jim Garamone, American Forces Press Service/MBell, 21 Oct 2004)*

## **Older Spouses, Survivors Get Permanent IDs**

As a part of the Defense Authorization Act, Congress eased the burden of ID card renewal for older spouses and survivors. Beginning in 2005, retiree spouses and survivors age 75 and older will be able to obtain permanent ID cards.

Military retirees already receive ID cards with no expiration date. But until now, all dependents and survivors have had to continue appearing in person to renew their ID cards every four years --or navigate a burdensome renewal-by-mail process. In the past, many Medicare-eligible family members simply let their ID cards expire rather than put up with renewal hassles. But since enactment of TRICARE For Life and TRICARE Senior Pharmacy coverage several years ago, older family members now face suspension of these benefits if they inadvertently let their ID cards expire.

Implementation details (how, where, when to get a permanent card) are not yet available, but MOAA will report the details as soon as they become available.

*(Excerpts, Courtesy MOAA Leg Update 15 Oct 04)*

## **Answers to Long Term Care Questions**

For any federal employee, including military retirees, trying to decide if the Federal Long Term Care Insurance Program is right for them, FLTCIP Consultative Services Unit offers a toll-free hotline. NOTE: LTC is not part of TRICARE. On the other end of the line are consultants, Because they have a broad base of knowledge on the FLTCIP product, as well as of the industry and competitive products, they can answer any of your questions objectively.

While the insurance program is not recommended for those who qualify for Medicaid, anyone who has \$30,000 or more in assets to protect should consider the coverage. Enrollment at a younger age has its benefits, such as lower

premiums.

If you already have a long-term-care insurance policy, but it was purchased a few years or more ago, FLTCIP can be used as a supplemental policy. It can add new benefits that weren't available when the old policy was purchased. Consultants can also offer a rate quote based on personal needs right on the phone. If preferred, the quote can also be mailed.

A Web site (<http://www.ltcfeds.com/>) is also available and provides comprehensive information on both FLTCIP and the long-term-care industry. A rate quote can also be generated through the Web site. The toll-free number, 1-800-LTC-FEDS (1-800-582-3337) is available Monday through Friday from 8 a.m. until 7 p.m. Eastern Time.

*(Courtesy NAUS Leg Update 12 Oct 04)*

## **Disabled Veterans Assistance Phone Line**

The Department of the Navy (DON) has established a Disabled Veterans Assistance Phone Line to provide employment and referrals for returning disabled service members, recently medically retired service members, and their spouses. Specifically, the Phone Line supports disabled veterans of Operation Iraqi Freedom, Operation Enduring Freedom, and all disabled veterans of other conflicts, campaigns, and wars. The primary goal is to assist in their search for employment opportunities with the DON, as well as with other federal and state agencies plus to provide resource and referral assistance. Referrals include, but are not limited to, the Veterans Administration, Department of Labor, and other Department of Defense agencies for the purpose of meeting and addressing needs that are outside the scope of DON. The phone number is (800) 378-4559 and will be staffed by a Human Resources Specialist (HRS). If the HRS is unavailable to take the call, the caller will receive a reply within one business day. An email address will soon be promulgated for those who prefer to communicate in this manner. Information will also be posted at [www.donhr.navy.mil/](http://www.donhr.navy.mil/). HRS will take a case management approach with each caller.

This means that:

- Callers will receive customized service depending on his/her individual needs.
- Callers will be tracked from initial call through employment---including a follow up six months post-employment.
- A system will be implemented to record and capture progress toward mission accomplishment.

If you have any questions regarding this program or would like to know more about how you can support the Disabled Veterans Assistance Phone Line, contact Mr. George Mendoza directly at (360) 315-8124 (DSN 322-8124) or via e-mail at: [George.Mendoza@navy.mil](mailto:George.Mendoza@navy.mil).

*(Source Tichacek Newsletter 15 Oct 04)*

## **BRAC '05 to Support DoD Transformation**

The 2005 base realignment and closure initiative will be different from previous rounds in that it will directly contribute to DoD's transformation efforts, a top DoD official said. BRACs conducted between 1988 and 1995 closed 97 military bases and realigned 57, Raymond DuBois, deputy undersecretary of defense for installations and environment, told attendees at the Association of the U.S. Army's annual meeting. Officials today estimate the department still carries about 23 percent excess infrastructure.

The 2005 BRAC will be unique in that besides paring no-longer-needed facilities, it will also support transformation goals, thereby making DoD better prepared for combating 21st century threats like global terrorism, DuBois observed. A key component of 2005 BRAC consideration, he explained, involves weighing an installation's military value in view of how it contributes to and accommodates joint operations. Joint war fighting has proven to be the coin of the realm when confronting terrorists in Afghanistan and Iraq, he said.

In the post-Cold War world, "the U.S. Army must own speed and surprise," DuBois said, noting that multi-service cooperation in the transportation field in recent years has greatly leveraged the Army's combat projection power. DuBois said the 2005 BRAC is aimed at combining that kind of power, including joint training, at installations that best offer it. Also, he noted, merging military research and laboratory facilities can reduce duplication.

Any new base closures would take into account the need to maintain a military "surge" capacity to deal with potential future threats, Dubois emphasized.

Previous BRACs have provided \$7 billion in annual savings to DoD since 2001, DuBois recalled. But, he noted, DoD still has \$660 billion tied up in property inventory. The Defense Department needs "to free up that kind of investment capital to support our troops in areas where those resources are needed," he said.

"We have a responsibility to provide the people defending our country with the highest quality training, technology, weapons systems, information and resources available," he said, "to include a well-maintained infrastructure by eliminating the unnecessary capacity." Final 2005 BRAC recommendations will be presented in the spring.

*(By Gerry J. Gilmore, American Forces Press Service/AFRN 28 Oct 04)*

## **October 2004 Afterburner Goes On Line**

The portable document format (.pdf) version of the October 2004, Afterburner, News for USAF Retired Personnel, has been posted on the Retiree Services Home Page. The printed version will go into the mail shortly to more than 750,000 Air Force retirees and surviving spouses. It should be in each mailbox by the end of next week.

Please go to <http://www.afpc.randolph.af.mil/afretire/OctBurn4.pdf>.

To view .pdf files, you must have Adobe Reader which you can download free at <http://www.adobe.com> and click on Get Adobe Reader.

*(AFRN 19 Oct 2004 )*

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